



Credit application

Company information

Legal name: _____ Tax ID: _____
FEIN or SSN

This business is a (choose one): Proprietorship Partnership LLC Corporation _____
State of incorporation

Billing address: _____ Phone: _____

Street address: _____ Fax: _____

Nature/type of business: _____ Date business started: _____

Tax exempt? Yes No Farmer's Certificate? Yes No (If either, please mail or fax certificate to address below.)

Name of person authorized to sign for this company: _____

Title: _____ Phone: _____ Email: _____

Credit limit requested: \$ _____

Banking reference information

Bank reference: _____ Acct # _____

Billing address: _____

Bank contact person: _____ Phone: _____ Fax: _____

Trade reference information

Trade Reference 1: _____ Acct # _____

Billing address _____

Phone _____ Fax _____

Trade Reference 2: _____ Acct # _____

Billing address _____

Phone _____ Fax _____

Trade Reference 3: _____ Acct # _____

Billing address _____

Phone _____ Fax _____

Payment terms

NET 30 DAYS unless otherwise agreed. Interest reimbursement may be charged on any invoices not paid within 30 days. Rate of reimbursement is 1.5% per month or 18% per annum for any month or partial month's extension. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. Credit availability and/or termination will be at the discretion of McGill Environmental Systems. I/We further agree to pay any costs of collection, in the event of default, if the account is placed with an attorney or bonded collection agency. Filling out the fields below attest financial responsibility, ability, and willingness to pay our invoices in accordance with terms. **(NOTE: If a partnership, all partners must sign. If an LLC or corporation, an authorized corporate officer must sign.)**

Signature of authorized officer or partner _____ DATE: _____
Print Name

Signature of authorized officer or partner _____ DATE: _____
Print Name